FORM D

Name of Offering

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED

FORM D

APR 0 6 2005

SEC USE ONLY

Prefix Serial

DATE RECEIVED

//12314

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

( check if this is an amendment and name has changed, and indicate change.)

airBand Communications Hol Filing Under (Check box(es) t				Section 4(	6 ULOE	1 (4 (1)   1 (
	•/			_ 55551511 10	,	
Type of Filing:   Nev	v Filing	☐ Amendment	D. CLO IDENTIFIC	CATION DATE		
Enter the information reque	ested about		BASIC IDENTIFIC	CATION DATA		05048400
		s an amendment and nat	me has changed, and in	ndicate change )		
airBand Communications I			ne nas changed, and n	idicate change.)		
Address of Executive Offices		(No. and Street, City				umber (Including Area Code)
14180 North Dallas Parkw				T 1 1 N.	(469) 791-0	
Address of Principal Business (if different from Executive O		(No. and Street, City	, State, Zip Code)	Telephone Nu	mber (Including A	rea Code)
Brief Description of Business						
Broadband communications p						
Type of Business Organization	1					r
corporation			limited partners	hip, already formed		other (please specify):
business trust			limited partners	hip, to be formed		
		·-		Month	Year	
Actual or Estimated Date of	Incorporati	on or Organization:		1 2		
						PROCESSED
Jurisdiction of Incorporation	or Organiz	ation: (Enter two-letter	U.S. Postal Service ab	breviation for State:	DE	
		CN for Canada	; FN for other foreign	jurisdiction)		D ADD M 9 ager
····		·		···		APR 0 8 2005
GENERAL INSTRUCTIONS						THOMSON
Federal:	·			//C 15 Cm 501		FINANCIAL
Who Must File: All issuers making an of	-	•	*	* **	•	
received by the SEC at the address given	o later than 15 i below or, if re	days after the first sale of secur	ities in the offering. A notic late on which it is due, on the	e is deemed filed with the U. date it was mailed by United	<ol> <li>Securities and Exchains States registered or certing</li> </ol>	nge Commission (SEC) on the earlier of the date it is fied mail to that address.
Where To File: U.S. Securities and Exch	ange Commiss	on, 450 Fifth Street, N.W., Was	shington, D.C. 20549.			
Copies Required: Five (5) copies of this signatures.	notice must be	filed with the SEC, one of whi	ch must be manually signed.	Any copies not manually sig	ned must be photocopies	s of the manually signed copy or bear typed or printed
Information Required: A new filing muchanges from the information previously					g, any changes thereto, t	he information requested in Part C, and any material
Filing Fee: There is no federal filing fee						
State:						
						nat have adopted this form. Issuers relying on ULOE ion to the claim for the exemption, a fee in the proper
amount shall accompany this form. This	s notice shall be	filed in the appropriate states in	accordance with state law. ATTENTIC		onstitutes a part of this no	otice and must be completed.
For A Silver	. (1:			1		0
						Conversely, failure to file
predicated on the fili			in a loss of ar	i avallable state	exemption t	unless such exemption is
predicated on the nin	ig or a re	derai notice.				
Potential persons who are to respond to	the collection	of information contained in th	is form are not required to re	spond unless the form displa	ys a currently valid OM	B control number. SEC 1972 (2-97)
				·		



			A. BASIC IDENTIFI	CATION DATA		
2.	Enter the information i	requested for the fo	ollowing:			
•			has been organized within the p to vote or dispose, or direct the		r more of a class o	of equity securities of the
•	Each executive officer Each general and mana		porate issuers and of corporate rtnership issuers.	general and managing partner	rs of partnership is	ssuers; and
Ch	eck Box(es) that Apply:		⊠ Beneficial Owner	⊠ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Lo	ll Name (Last name first, mbard, Andrew P.					
	siness or Residence Add 180 North Dallas Parkwa		Street, City, State, Zip Code) s, Texas 75254			
	eck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Du	l Name (Last name first, ncan, Barry					
	siness or Residence Add 180 North Dallas Parkwa		Street, City, State, Zip Code) s, Texas 75254			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Kir	l Name (Last name first, nzey, Jackie	•				
	siness or Residence Add 455 Noel Road, Suite 16'		Street, City, State, Zip Code) 75240			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
To	l Name (Last name first, llefson, Jeffrey	,				
	siness or Residence Add LaSalle Avenue, Suite		Street, City, State, Zip Code) Minnesota 55402	<del>-</del>	*****	
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
	l Name (Last name first, nck, Jeffrey	if individual)				
Bu			Street, City, State, Zip Code) Minnesota 55344			
	eck Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	ll Name (Last name first, vin Rosen Fund VII L.P.					
Bu	siness or Residence Add	ress (Number and S	Street, City, State, Zip Code) , Suite 1670, Dallas, Texas 752	40		
	eck Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
	Il Name (Last name first, escendo IV, L.P. and rela					
			Street, City, State, Zip Code) Salle Avenue, Suite 2250, Minn	eapolis, Minnesota 55402		
	eck Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Do	l Name (Last name first, lphin Communications F	und II, L.P. and re				
	siness or Residence Add ) Lexington Avenue, 16 <sup>tl</sup>		Street, City, State, Zip Code) New York 10022			•
-	eck Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
	ll Name (Last name first, ehaus, Richard H	if individual)				
	siness or Residence Add East Erie Street, Chicago		Street, City, State, Zip Code)			

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Tirabassi, Salvatore					
Business or Residence Addr 750 Lexington Avenue, 16 <sup>th</sup>		Street, City, State, Zip Code) , New York 10022			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	,				
Accelacom Holdings, LLC a	and related entities	5			
Business or Residence Addr 201 North Charles Street, Su	`	Street, City, State, Zip Code) ore. Maryland 21201			

						В	. INFO	DRMA	TION	ABOU'	r off	ERING	3		
1.	Has th	e issuer	sold or	does the Answ		ntend to in Apper						offering	?	Yes □	No ⊠
2. What is the minimum investment that will be accepted from any individual?										\$ <u>N/A</u>					
3. Does the offering permit joint ownership of a single unit:									Yes	No ⊠					
	indirectof securegiste (5) per for tha	etly, any arities in red with sons to t broker	commis the offer the SE be listed or deale	ering. If C and/or l are asse er only.	similar in a person with a pociated p	remuner n to be l state or	ation for isted is states, li	r solicita an assoc st the na	ation of pointed per ame of the	ourchase rson or a ne broke	ers in co agent of r or deal	nnection a broke ler. If m	or n with sales or or dealer nore than five information		Δ
Full	Name (	(Last na N/A	me first,	, if indiv	ridual)										
Busi	ness or	Reside	nce Add	ress (Nu	ımber ar	nd Street	, City, S	State, Zi	p Code)						
Nam	ne of As	ssociate	d Broke	r or Dea	ler								·····		
				ted Has k indivi											All States
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	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (	(Last na	me first,	, if indiv	idual)										
Busi	ness or	Reside	nce Add	ress (Nu	ımber ar	nd Street	, City, S	state, Zij	p Code)						
Nam	e of As	sociate	d Broke	r or Dea	ler										
				ted Has											A 11 C.
(Che	ck "All	[AK]	or chec	K indivi [AR]	dual Sta		[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		All States
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]			[UT]							[PR]		
Full	Name (	(Last na	me first	, if indiv	ridual)										
Busi	ness or	Reside	nce Add	ress (Nu	ımber ar	nd Street	, City, S	State, Zi	p Code)						
Nam	ne of As	ssociate	d Broke	r or Dea	ler				<del></del>					1 (MILINE)	
				ted Has									-		A II Ct-t-
(Cne	ck "All [AL]	[AK]	or chec			(CO]		[DE]		[FL]		[HI]	[ID]	L	An States
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]		[WA]	-	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	(	Aggrega Offering F		At	nount Already Sold
	Debt	\$			\$	~
	Equity	\$_	3,402,33	33	\$	3,402,333
	Convertible Securities (including warrants)	\$	2,000,0	00	\$	2,000,000
	Partnership Interests				\$ \$	
	Other (Specify)	\$			s	
	Total	\$	3,402,3	33		3,402,333
	Answer also in Appendix, Column 3, if filing under ULOE	-				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					
			Numbe Investo	-		Aggregate ollar Amount of Purchases
	Accredited Investors		1		\$	3,402,333
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Securit		D	ollar Amount Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A		\$	N/A
	Rule 504		<u>N/A</u>		\$	N/A
	Total		N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securithis offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.  Transfer Agent's Fees	ation an	may		\$	0
					Ψ—	
	Printing and Engraving Costs				ა	100,000
	Legal Fees.			$\boxtimes$	ъ_	
	Accounting Fees Engineering Fees				ۍ_ د	0
	• •				³ <u> </u>	
	Sales Commissions (specify finder's fees separately)				\$	
	Other Expenses (identify)				»	100,000
	Total			$\boxtimes$	<b>\$</b>	100,000

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross 3,302,333 proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above. Payments to Officers, Directors, & Payments To Affiliates Others Salaries and fees ...... Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment...... Construction or leasing of plant buildings and facilities..... Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....  $\times$ 3,302,333 Repayment of indebtedness ..... Working capital Other (specify) (investments) 

X

\$ 3,302,333

\$ 3,302,333

Column Totals

Total Payments Listed (column totals added).....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

D	FEDERAL	SIGNA	TURE
ν.		DICT 1A	

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type)	Signature	Date
airBand Communications Holdings, Inc.	1 Chy Oleun	April 1, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Barry Duncan	Chief Financial Officer	

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).